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EDITORIAL

FONTENELLE AS A POPULARIZER OF SCIENCE

(WITH A VERSION OF HIS DIALOGUES OF MEDICO-HISTORICAL INTEREST).

Never has the literature of popular science, or, as some will have it, its vulgarization, attained to such an extraordinary proliferation as during the period in which we are now living. Familiarity with the book-stalls or the weekly current lists of new books will convince any one that there must be literally hundreds of popular treatises on evolution, on the descent of man, on eugenics, personal hygiene, first aid, domestic medicine, psychology, psychoanalysis, endocrinology, industrial chemistry, natural history, relativity, and latterly even a few on history of medicine. There are actual specimens of irresponsible improvisation so misleading and inaccurate as to be virtually comic histories of some phase of science or of medicine. Between this *infima species* and that which springs from an honest attempt to convey scientific information in an exact, simple, lucid manner, there must needs be a great gulf fixed; but, as familiarity breeds contempt, the descent to the lower level is none the less facile, and sometimes inevitable.

The cult of popular science had its vague beginnings in the 17th Century, when the scientific society, one of the special creations of the period, was patronized by royalty or the nobility. The Royal Society was chartered by Charles II, who himself dabbled in chemistry. Back of

the Académie des Sciences (Paris) stood Louis XIV, back of the Roman Academy of Lynxes, Count Federigo Cesi, back of the Academy of Experiment of the same city, the Medici, while out of Prince Rupert's laboratory came "Prince's metal" and "Prince Rupert's drop." As the power of the middle classes grew apace, universities, such as those at Leipzig, Halle and Leyden, came to be created by popular *fiat*. The oldest scientific society in Germany, the Leopoldine Academy (1651), which antedates even the Royal Society, was founded, in fact, by a group of medical men. As medical societies increased in number, there was a corresponding increase in the number of medical periodicals. All this was part of the 18th Century program of "enlightenment" by dissemination of knowledge among a cultivated intelligentsia; but, in practice, the old 17th Century tradition still held. The intelligentsia constituted a virtual intellectual despotism, centering in the king, and where science was popularized, it was merely as a kind of pap or predigested food for people of fashion. The more democratic phase came from England and sprang from what has been called the "sublime error" of Anglo-Saxon tradition, the propensity to make one's neighbor better (if possible) than oneself. Faraday is known to have got his youthful incentive to a scientific career from certain "Conversations on Chemistry" (1806) by Mrs. Alexander Marcet, wife of the well known physiological chemist and pioneer authoress of a long row of rudimentary scientific primers for women and children. From all this came Faraday's lecture on The Candle[1]; John Tyndall's lectures and "Fragments of Science for Unscientific People" (1871), which ran through six editions; Huxley on Coral, Yeast, A Piece of Chalk and The Descent of Man; perhaps even the phenomenal sale of the entire first edition (1250 copies) of Darwin's Origin of Species on the day of its publication (November 24, 1859). Popular scientific lectures and essays now became the vogue and even Helmholtz, Haeckel, Virchow, Du Bois Reymond, Mach and Ostwald took a hand in a department of literature in

[1] Published 1865.

which Flammarion, Le Dantec, Grasset, Leduc, Wallace, Ray Lankester, Haldane, Whetham, Soddy, Lodge, Wells, Slosson, Jeans and Eddington are familiar names. Popular scientific lectures for the people, such as those of Huxley to the working classes or the "Saturday Lectures" at Washington, D.C. (1882), became fashionable. During 1866-1902, in fact, up to his death, Virchow edited a serial comprising scientific lectures to be "understanded of the people" (*Sammlung gemeinverständlicher wissenschaftlicher Vorträge*). The number of popular books on medicine and biology is legion. Dry husks to chew are sometimes dispensed by the movies or radio. But it is still a far cry from Joseph Cook or Jules Verne to Huxley's Piece of Chalk or Willard Gibbs on Multiple Algebra.

In the highly artificial civilization of 18th Century France, there was a deliberate, and by no means ungenial attempt to popularize science as a cult among the more intellectual members of polite society. The aim was to prepare the ground for enlightenment, to accelerate the credited perfectibility of the human species by the creation of a sympathetic audience. The supply of such literature implied, not so much a demand, as a receptive spirit, like that accountable, a little later, for the spontaneous appreciation of Beethoven's music by the *élite* of Vienna. Molière's *Les Femmes Savantes* is not a farce, but a true picture of 17th Century manners. In Molière's time, it was no shame but rather a matter of emulation for a lady of fashion to be a bluestocking. On the eve of the French Revolution, André Chenier satirizes Mme. du Genlis (daughter of Louis XIV and Montespan) for her schoolmarm attitude toward her social equals—

"J'arrive d'Altona pour vous apprendre à lire."

But the concern of fashionable bluestockings was not science but polite literature. Newton, Harvey, Sydenham, Descartes were little known or appreciated until the 18th Century, when science began to come into its own and got its innings, if not its ultimate stride. The prime-

mover of this change in France was Fontenelle,[2] Perpetual Secretary of the Académie des Sciences and the logical precursor of Voltaire, very much as Darwinism culminated in Nietzsche.

Fontenelle was born at Rouen on February 11, 1657 and came within a month of dying a centenarian (January 9, 1757). His father was an advocate, his mother a sister of the poet Corneille. Bred to the law, young Fontenelle lost his first case, probably as a pretext for taking up literature, which ran in the family. All his plays and operas were flat failures on the stage; his pastorals and amatory verses merely insignificant specimens of the affected fripperies of the period. In the memorable judgment of Swinburne about the literature of the dying century, "they are not simply dull; they are null." In *Lettres galantes,* Fontenelle even made a bid for coin and *kudos* by playing up to the growing corruption of the time. A young wife, clandestinely married, is counselled to profit by her dual rôle in a manner adjudged *saugrenu* by actual patrons of frivolity themselves. As whilom editor of the vapid *Mercure galante,* Fontenelle, the canny, provincial Norman, was the laughing stock of all clever people in Paris. It was not until 1683, that he found his true vein and established his reputation by his *Dialogues of the Dead;* a reputation considerably enhanced, three years later, by his *Conversations on the Plurality of Worlds* (1686). With characteristic Norman shrewdness, Fontenelle had remained in his native Rouen until his Parisian success was assured. He now went up to Paris to publish his *History of Oracles* (1687), which occasioned ominous rumblings, both in philosophic and theological circles. His thesis is to deny

[2] The best full-length biography of Fontenelle is that of Louis Maigron (Paris, 1906). A briefer eulogy was published at Paris in 1847 by the physiologist M. J. P. Flourens, who was his sole successor in the unique office of Perpetual Secretary to the Academy of Sciences. As an all-round literary estimate, the *causerie* of Sainte Beuve (*Causeries du Lundi,* III, 314-335) still remains unsurpassed. For the loan of these and of other volumes from the collective Œuvres of 1757, I am indebted to the kindness of Professor Chinard, of the Johns Hopkins University.

that oracles were of supernatural origin and that they ceased to function after the birth of Christ. In this book, the most favorable specimen extant of his clear, precise mode of expression, Fontenelle definitely established his position as a scientific writer, in other words, as an 18th Century rationalist. As Sainte Beuve observed, there were two Fontenelles: the one, an affected 17th Century *bel esprit,* who wrote faded, insipid pastorals of the type ridiculed by Molière; the other the serious, impersonal disciple of Descartes, who had outgrown these fripperies, and become, incidentally, the ablest expounder and recorder of science in his time and place. In the face of the determined opposition of Boileau and Racine, Fontenelle now gained entry to the French Academy, later to the Academy of Inscriptions and the Academy of Sciences (1697), of which he was made Perpetual Secretary in 1699. The day after his appointment, he set to work upon the great History of the Academy of Sciences, the permanent record of its transactions, of which the initial volume appeared under his editorship in 1702. To pure science, Fontenelle contributed a Geometry of the Infinite and an Apology for (Cartesian) Vortices. Of the former, he observed that it could be understood by eight Europeans only, and "the author is not one of the eight." His most solid contributions are his prefaces to the History of the Academy and his Eulogies of its deceased members. These are remarkable for simple, accurate presentation of fact, notably of the essential argument of Newton's *Principia.* Fontenelle wrote 17 eulogies of deceased medical men, who were members of the Academy, and as these have never been indexed by medical bibliographers, the pagination in his *Œuvres* (Paris, 1767, V-VI) is subjoined, viz:

Claude Bourdelin (1621-99), V, 48-50; Daniel Tauvry (1689-1701), V, 50-54; Adrian Tuillier (1674-1702), V, 54; Denis Dodart (1634-1707), V, 190-210; François Poupart, V, 252-258; Claude Bourdelin (1667-1711), V, 312-318; Claude Berger (1679-1712), V, 319-322; Louis Morin (1635-1715), V, 380-389; Nicolas Lemery (1645-1715), V, 389-406; Guy-Crescent Fagon (1638-1718), VI, 34-36; Jean Mery (1645-1722), VI, 168-181; Alexis Littré (1658-1725), VI, 248-261; Guichard-Joseph du Verney (1648-1730), VI, 448-464; Estienne-François Geoffroy (1672-1731), VI, 487-500; Frederic

Ruysch (1638-1731), VI, 501-518; Pierre Chirac (1650-1732), VI, 524-544; Herman Boerhaave (1668-1738), VI, 601-623; also an eulogy of the medical botanist Joseph-Pitton de Tournefort (1656-1708), V, 210-232.

In the end, Fontenelle made himself the most popular and respected Parisian of his period, through his urbanity, his social tact and finesse, his wit and sense. While gallant, assiduous and flirtatious with women, he was esteemed cold and heartless, incapable of passion or sentiment, by those in the know. The reason for all this is not far to seek. In his childhood, he had exhibited consumptive tendencies, spat blood when excited, and had to cope all his life with bouts of hæmoptysis. To ward off permanent invalidism, he therefore deliberately shut out of his life all sources of worry and emotional excitement, until settled habit became second nature. Like the bored lady in the Russian novel, his watchword was: *On veut troubler ma vie.* In keeping with this aristocratic social poise and self-possession, he smiled occasionally, but never laughed, cried or got angry. That he should have lived to be a hundred under this studious régime constitutes a triumph for the disciples of Cornaro. Fontenelle's case illustrates the dictum of Allbutt that health is really a diathesis, like tubercle or syphilis, and is more popular than the rest simply as being the most viable and useful. A life regulated by régime, said La Rochefoucauld, is but a tedious mode of disease. But, as in Lord Bacon's case, Fontenelle was saved from any misgiving or repining by the mental indifferentism, the "minimum of intellectual eagerness," which goes with lowered vitality. Thus he attained to cold, clear thinking, well-poised, unbiased judgment, utter detachment from prejudice, *parti pris* and narrowminded clansmanship, thence to balance and precision in writing; and, like Goethe and Landor, declined to be at odds with any man. The same impersonal poise, the same accuracy of perception, is noticeable in all the great philosophers of celery stalk vitality, from Spinoza to Kant, from Locke to Stuart Mill and Emerson. The high spots of Fontenelle's wit are his reference to the valetudinarian aspect of his personal purity (*quelquefois le matin*) and his well

known assertion that were all essential truths contained within the hollow of his hand, he would take care never to open it.[3] He winds up his eulogy of Newton by stressing the large fortunes left by Newton and Leibnitz as a fact of unique respectability and distinction in the total history of science. He himself died passing rich on 21,000 livres ($5000) income, 80,000 livres ready money, a furnished house and a fine library; all acquired from royalties on his writings alone.[4] As Fontenelle grew older, he became more and more enamoured of tranquillity, declined titles, dignities and honors, and would accept naught but a lodging in the Palais Royal from the Regent himself. When offered the Perpetual Presidency of the Academy of Sciences, he exclaimed: "Ah! do not deprive me of the comfort of being on equal terms with my fellows!" His trait of treating every woman he met as if she were, for the time being, the only person in the world, insured him a large following of female admirers and his domestic interior never lacked the feminine touch. A French refugee who visted him in 1733, records:

"M. de Fontenelle is magnificently housed; he seems much at his ease, richly endowed with Dame Fortune's gifts. Advanced as he is, in years, the glance of his eyes is lively and subtle. One can see that Nature fashioned this great man for a pleasurable existence."[5]

In such wise, Fontenelle kept his state. Even at this long stretch of time, his name connotes the faint aroma, the faded charm of the pre-Revolutionary period. He was a past master in the 18th century art of living well.

Fontenelle's three principal contributions to popular science are established values in the history of French literature, too well known to need gratuitous comment. The *History of Oracles* conveys the substance of a Latin

[3] Si j'avais la main pleine de vérités, je me garderais bien de l'ouvrir.

[4] That Fontenelle should have made so much money by the few books he published is proof positive that the purpose of the *Aufklärung* had been achieved: to spread general enlightenment by creating a receptive spirit for it.

[5] Cited by Sainte Beuve, *op cit.*, 332.

dissertation in the simple, lucid manner he had made his own. In his *Plurality of Worlds,* an exposition of Cartesian astronomy transpires in the course of a flirtation with a marquise in an 18th century park. In this *genre,* as in his *Dialogues of the Dead,* he had mastered the literary form initiated by Plato, sophisticated by Lucian and modernized by Landor and Leigh Hunt. Like Lucian and Landor, Fontenelle makes his philosophic points by bringing celebrities of disparate type into imaginary conversations. The subjoined versions illustrate his gift of light-footed irony, his wide culture, his feeling for the tone of polite society—

"Glissons, mortels, n'appuyons pas."

Erasistratus twits Harvey because his great discovery does not help the sick. Raymond Lully convinces Artemisia that the twain of them are a pair of glorious humbugs. A very 18th Century sort of Molière ridicules the mysticism of Paracelsus. Erasmus maintains that the hereditary rank and possessions of Charles V were mere bits of luck, but Charles gets the better of it, in the end, by insisting that mental ability is innate and therefore equally dependent on blind chance. In these slight performances, there is already a trace of the acidulous quality of *Candide, Zadig, Micromégas,* of D'Alembert's conversation with Mlle. de l'Espinasse about the mysteries of generation, of the deification of cold reason, the heartless elegance, the refined scepticism and the other dissolving forces implicit in the Revolution.

I

Erasistratus and Harvey

Erasistratus:

Your teaching is marvellous. What! The blood circulates in the body? The veins carry it from the extremities to the heart, and it leaves the heart to enter the arteries, which carry it back to the extremities?

Harvey:

I have done so many experiments to prove it that nobody can doubt it any further.

Erasistratus:

Then we physicians of antiquity fooled ourselves finely when we thought

the blood has only a very sluggish flow from the heart toward the extremities of the body, and mankind is indebted to you for abolishing this ancient error!

HARVEY:

I claim as much; indeed, humanity is even further in my debt, since I set the pace for all these fine discoveries they are now making in anatomy. Once I had discovered the circulation of the blood, it remained for others to find a new conduit, a new canal, a new reservoir. It is just as if the body had been made over again. See what an advantage our modern medicine must have over yours! You wanted to heal the ailments of the human body without knowing anything about its workings.

ERASISTRATUS:

I admit that the moderns are better physicists than we were; they know more about the ways of nature, but they are not better physicians. We healed the sick just as well as they do. I'd like to have seen you moderns, you in particular, trying to cure Prince Antiochus of his quartan fever. You know how I went about it, how I found out from the way his pulse leaped up when he saw Stratonice, that he was in love with that fair queen, so that his illness came from the violent efforts he made to conceal his passion. Nevertheless I made a cure in that difficult and important case without knowing that the blood circulates. And I believe that, with all the aid this knowledge might have given you, you would have been flustered no end in my place. It was not a question of new conduits or new reservoirs; what was important in the case of this patient was the state of his heart.

HARVEY:

It is not always an affair of the heart, and not all patients are in love with their stepmothers, like Antiochus. I have no doubt that ignorance of the circulation of the blood has caused you to let many patients die on your hands.

ERASISTRATUS:

What! You really believe your new discoveries are so useful?

HARVEY:

Assuredly.

ERASISTRATUS:

Then answer, if you please a little question I am going to put. Why do we see every day as many dead souls arrive in these parts as ever?

HARVEY:

Oh! When they die, it is their fault, and no longer the fault of their doctors.

ERASISTRATUS:

But this circulation of the blood, these conduits, these canals, these reservoirs—all these things cure nothing then?

HARVEY:

We have not yet perhaps had leisure enough to put what we have learn-

ed in so short a time to any practical use; but it is inevitable that a rich harvest will be reaped from it all in time.

ERASISTRATUS:

My word for it, nothing will be changed. Look you, there is a certain amount of useful knowledge, which men soon acquire, to which they have added little and which they can hardly dispense with, even if they ignore it. They owe this debt to nature, that it has promptly inspired them with all they need to know; for had they trusted to their own slow perceptions to find it out, they would have been lost. As for the other things, that are not so essential, they will be discovered little by little and through long successions of years.

HARVEY:

It would be very strange indeed if a better knowledge of man's nature did not make us better doctors. For that matter, why amuse ourselves in perfecting our knowledge of the human body? It would be better worthwhile to drop it altogether.

ERASISTRATUS:

Then people would lose a fund of very agreeable knowledge; but as far as actual utility is concerned, I believe that to discover a new conduit in the body or a new star in the sky, are about of equal importance. Nature has willed it that at certain intervals of time, men should succeed one another through the fact of death. It is given them to defend themselves against it up to a certain point: but, beyond that, it is idle to make new discoveries in anatomy, it is useless to penetrate more and more into the secrets of the human body. Men cannot cheat nature; they will go on dying just as usual.

II

ARTEMISIA AND RAYMOND LULLY

ARTEMISIA:

That is entirely new to me. You say there is a secret for changing metals into gold and that this secret is called the philosopher's stone or *opus magnum?*

RAYMOND LULLY:

Yes, I once looked for it a long time.

ARTEMISIA:

Did you ever find it?

RAYMOND LULLY:

No, but everybody believed I did and still believe it. But as a matter of fact that secret was only a humbug.

ARTEMISIA:

Why, then, did you look for it?

RAYMOND LULLY:

I did not know better until I got down here.

ARTEMISIA:

It seems to me you had to wait a long time to undeceive yourself.

RAYMOND LULLY:

I see you want to chaff me. But we are more alike than you think.

ARTEMISIA:

I, like you? I, who was a model of wifely fidelity, who drank my husband's ashes and put up a superb monument to him, which was admired by the whole world: how could I resemble a man who has spent his whole life looking for the secret of changing metals into gold?

RAYMOND LULLY:

Quite so. I know whereof I speak. After all the fine things you have just been bragging about, you went crazy over a young man who didn't care a straw about you. For him you sacrificed the magnificent building that made you so famous, and the ashes of Mausolus you swallowed, were a feeble remedy against a new passion.

ARTEMISIA:

I never credited you with being so well versed in my affairs. That passage in my life was so well covered up that I never dreamed that many people knew about it.

RAYMOND LULLY:

You admit, then, that our destinies are alike, in that people have given us both credit for what we didn't deserve. You, they credited with having been always faithful to the shade of your husband and me with having got to the bottom of the Great Secret.

ARTEMISIA:

I grant it willingly. The public was made to be humbugged by lots of things. We must take advantage of things as they are.

RAYMOND LULLY:

But isn't there some other trait of resemblance between us two?

ARTEMISIA:

Up to this moment, I find it pleasant enough to be like you. Say on.

RAYMOND LULLY:

Have we not, both of us, looked for a thing we could not find: you for the secret of being faithful to your husband; I for that of changing metals into gold? I believe that wifely fidelity is like the *opus magnum*.

ARTEMISIA:

There are people who have such a low opinion of womankind, that they would regard the Great Secret as nothing in comparison.

RAYMOND LULLY:

Oh, I will guarantee that it is as difficult to get at as need be.

ARTEMISIA:

But how does it come that people look for it and that you, yourself, who seem to be a sensible man, should have chased this phantom?

RAYMOND LULLY:

It is true that no one can find the philosopher's stone, but it is advantageous to look for it. In seeking it, one uncovers, by the way, many fine secrets one was not looking for.

ARTEMISIA:

Is it not better to look for secrets that can be found than to brood over those we shall never find?

RAYMOND LULLY:

Every science has its chimæra, which people run after and never capture; but they acquire, by the way, much useful knowledge of other things. Grant that chemistry has its philosopher's stone, geometry its circle-squarers, astronomy its true meridians of longitude, mechanics its perpetual motion; it may not be possible to find all that, but it is very useful to look for it. I speak a language that you may perhaps not understand well, but you will understand, at least, that morality, too, has its chimæra: which is disinterestedness, perfect friendship. No one ever encounters it, but it is good to pretend that one does. In pretending, at least, one attains to many other virtues or to praiseworthy and estimable actions.

ARTEMISIA:

Once more, I am of opinion that we should let chimæras go hang and look only for what is real.

RAYMOND LULLY:

Can you believe that? In every way people have set up for themselves an ideal of perfection quite beyond their attainments. They would never set out on a journey if arriving at their destination was all there is to it; they must have before their eyes some imaginary goal which keeps them going. If any one had told me that chemistry would never teach me how to make gold, I should have dropped it. If any one had said to you that your parade of extreme fidelity to your husband was unnatural, you would never have troubled yourself to honor the memory of Mausolus with such a magnificent tomb. We should lose our courage if we were not bolstered up by false ideas.

ARTEMISIA:

It is not for nothing then that people deceive themselves?

RAYMOND LULLY:

How? Not for nothing! If Truth, by ill chance, were to reveal herself as she is, all would be lost; but she seems to realize how important it is to keep herself fairly well concealed.

III

PARACELSUS AND MOLIERE

MOLIÈRE:

If only on account of your name, I should be charmed with you, Paracelsus. One would take you for some Greek or Roman. It would never occur to any one that Paracelsus was a Swiss philosopher.

PARACELSUS:

I have made that name as famous as it is fair. My works are of great assistance to all who would penetrate the secrets of nature, particularly to those who have got to know about genii and elemental beings.

MOLIÈRE:

I can easily see that those are true sciences. To know the people one sees every day is nothing; but to know about genii one never sees, that is quite another matter.

PARACELSUS:

Undoubtedly. I have given very exact information as to their nature, their activities, inclinations, their different varieties and the powers they wield in the universe.

MOLIÈRE:

How happy you must feel to be so enlightened. For it is all the more probable that your knowledge of man himself must be perfect; yet many have never been able to get even that far.

PARACELSUS:

Oh! There is hardly any little philosopher who hasn't got that far.

MOLIÈRE:

I can well believe it. You are not then embarrassed by anything about the human soul, its functions, its union with the body?

PARACELSUS:

Frankly, there will always be certain difficulties about these matters, but, anyhow, we all know what philosophy has to teach about them.

MOLIÈRE:

And nothing more?

PARACELSUS:

No. Isn't that enough?

MOLIÈRE:

Enough! It is nothing at all; and so you jump from man, of whom you know nothing, to a knowledge of genii.

PARACELSUS:

Genii have about them something more likely to pique our natural curiosity.

MOLIÈRE:

Quite; only it is unpardonable to dream of them until we know all there is to know about human nature. It would seem as if the human mind had covered everything when it begins to set up illusory scientific problems to worry about, whenever it takes the notion. It is certain, however, that very real questions would keep it as busy as it might wish to be.

PARACELSUS:

The mind naturally neglects the simple sciences and runs after those that are mysterious. Upon them alone can it exert its full force.

MOLIÈRE:

So much the worse for the mind, then. What you tell me is entirely to its discredit. Truth presents itself, but because it is simple, the mind does not recognize it and prefers silly mysteries merely because they are mysterious. I am convinced that if most people saw the universe just as it is, and noticed that there are no virtues in numbers, no qualities attaching to planets, no fatalities bound up with periods of time or revolutions, they could not help saying about this admirable order of things: What! is that all?

PARACELSUS:

You ridicule mysteries into which you have not penetrated and which, in fact, are reserved only for great men.

MOLIÈRE:

I think more highly of those who do not understand such mysteries than of those who do; but Nature, alas! has not made every one incapable of understanding them.

PARACELSUS:

But you, who decide things with so much authority, what profession did you follow during your lifetime?

MOLIÈRE:

A profession very different from your own. You studied the virtues of genii and I the stupidities of mankind.

PARACELSUS:

A fine study, indeed; as if it were not self-evident that people are prone to stupidity.

MOLIÈRE:

It is a very general, confused sort of knowledge, but when one goes into details, one is surprised at the extent of the science.

PARACELSUS:

But, after all, what use did you make of it?

MOLIÈRE:

I brought together as many people as I could in a certain place and made it plain to them that they were all dolts.

PARACELSUS:

It must have taken a lot of talking to convince them of that fact.

MOLIÈRE:

Nothing easier. We make them realize their foolishness without any great flights of eloquence or carefully prepared arguments. What they do is so ridiculous that you have only to do the same thing before their eyes to make them split with laughter.

PARACELSUS:

I see; you are a comedian. For my part, I cannot conceive what pleasure people find in comedy. They go to laugh at manners on the stage. Why not laugh at the real things in actual life.

MOLIÈRE:

To laugh at things in the world, you have to be outside it and comedy puts you there. It presents a spectacle just as if you had no part in it yourself.

PARACELSUS:

But people go back at once to the life they were laughing at and take up their old places in it.

MOLIÈRE:

Absolutely. The other day, to amuse myself, I made a fable about the matter. A young goose was flying in the ungraceful manner of his kind when they fly and while flying just a foot above the ground, he insulted the rest of the barnyard. Unhappy animals, said he, I see you beneath me, nor can you cleave the air as I do. The mockery was brief. The goose flopped to the ground at that very moment.

PARACELSUS:

What good then are the observations made in comedies, if like your goose, people at once fall back into their commonplace stupidities?

MOLIÈRE:

There is a lot in making fun of oneself. There Nature has given us facility, to prevent us from being the dupes of ourselves. How often does it happen that one part of us does something with zeal and ardor while the rest of us makes fun of it? And if it were ever necessary, there would probably be a party of the third part, who would make fun of the other two. Does it not look as if man were made up of related pieces?

PARACELSUS:

I don't see that all that calls for unusual mental effort. A few light reflections, a few ill-founded pleasantries do not merit much esteem; but what severe mental effort is necessary to consider higher subjects!

MOLIÈRE:

You to your genii, I to my dolts; and yet, although I have only worked upon subjects open to all the world, I predict that my comedies will live longer than your sublime writings. Everything is subject to change of fashion, the products of mind as well as customs. I have seen I know not how many books and modes of writing buried with their authors, just as some people buried with their dead the things most precious to them in life. I am perfectly aware of the revolutions that may occur in the empire of letters, yet I guarantee that my plays will last. I know why. He who would picture things for all time should depict stupid people.

IV

CHARLES V AND ERASMUS

ERASMUS:

Make no mistake about it. If there were degrees of rank and station among the dead, do you think I would give you precedence?

CHARLES V:

What! a grammarian, a savant, and, to give your merits more than they deserve, a clever man pretends to be of more consequence than a prince who was once master of the better part of Europe?

ERASMUS:

Add even America, and it will not make you seem more fearsome. All this grandeur of yours was nothing more than a combination of lucky chances, so to speak; and if it could be split up into its components you would see it clearly. If your grandfather Ferdinand had been a man of his word, you would have had next to no hold on Italy; if other princes than he had had sense enough to believe in the antipodes, Christopher Columbus would never have applied to him and America would not be part of your kingdom; if, after the death of the last duke of Burgundy, Louis XI had known what he was about, the heiress of Burgundy would not have married Maximilian and the Low Countries would not have been yours; if Henry of Castille, brother of your grandmother Isabel, had not been a subject of scorn among women, or if his wife had not been of doubtful virtue, the daughter of Henry would have passed as his daughter, and the kingdom of Castille would have escaped you.

CHARLES V:

You make me tremble. I feel as if I were losing Castille or the Low Countries or America or Italy at this moment.

ERASMUS:

Don't joke about it. Neither a little good sense, on the one hand, nor a little good faith, on the other, could help you much. All you needed was the impotence of your great uncle and the coquetry of your great aunt. See, what a delicate edifice lies at the base of things turning upon luck.

CHARLES V:

Verily, it is impossible to stand an examination as severe as yours. I avow that you reduce my grandeur and my titles to nothingness.

ERASMUS:

Such however, were the things upon which you plumed yourself. It was easy to strip you of them. Do you remember about the Athenian Cimon, who having taken a number of Persians prisoners, exposed their clothing for sale, on the one hand, and themselves naked, on the other, which produced a bargain counter jam over the magnificent costumes with blank indifference as to their owners. I verily believe that what happened to those Persians would happen to many other people, if their personal merits were dissociated from the gifts of fortune.

CHARLES V:

But what is this personal merit?

ERASMUS:

Is it necessary to ask? It is whatever is within us. The scientific spirit, for example.

CHARLES V:

And it is reasonable to make that a title to fame?

ERASMUS:

Without doubt. Those are not gifts of fortune, like wealth or patents of nobility.

CHARLES V:

What you say surprises me. Do not sciences appertain to scientific men as riches to the wealthy? Are they not transmitted by way of succession? You learned men inherit from the ancients as the rest of us from our fathers. If they left us what they possessed, you inherited what you know; whence many scientific men regard what they have received from the ancients with the same respect that others regard their lands and their ancestral homes, in which it would vex them to have anything changed.

ERASMUS:

But the great were born inheritors of the grandeur of their fathers, while scientific men did not inherit the knowledge of the ancients. Science is not a matter of succession; it is something which each must acquire anew, or if it be a succession, it is difficult enough to acquire in an honorable manner.

CHARLES V:

Ah well! match the trouble it takes to acquire the things of the mind with the difficulty of retaining the gifts of fortune, and you will find them about equal; if it is only a question of difficulty, worldly affairs are often quite as troublesome as closet speculations.

ERASMUS:

But never mind science, let us stick to mind. That benefit is never a matter of luck.

CHARLES V:

You think so? What! Does not mind depend upon a certain conformation of the brain, and is there less luck in being born with a good brain than in being born the son of a king? You are a great genius; but ask all the philosophers why you were not born dull and stupid; it depended on nothing more than a minute disposition of fibres, upon a phase of finer anatomy which we shall never be able to perceive, and in the face of that fact, these witty gentlemen dare to maintain that they alone are independent of chance and so entitled to despise other men.

ERASMUS:

You think then, that to be rich or to have brains is equally meritorious.

CHARLES V:

It is luckier to have brains; but, at bottom, it is always a piece of luck.

ERASMUS:

Luck, then, is everything.

CHARLES V:

Yes, provided the term is applied to something we don't know. I leave you to judge whether I have not stripped men down more effectively than you. You only take away certain advantages of birth. I have wiped out mental capacity. If before being vain about anything, men could be certain of what really belonged to them, there would be hardly any vanity left in the world.

F. H. GARRISON.

POINT OF VIEW OF HUMAN RELATIONSHIPS*

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New York

Social relationships of adults are expressions of human attitudes derived largely from experiences in early life. In other words, adult attitudes can be understood only if they are reduced to their earliest formation in the family circle. If we accept that statement, apparently the one point of agreement in all contending schools of psychology, then the most important study of man as a social individual is a study of the influences exerted upon him in the first years of life.

Since this study is basic to the study of psychoneuroses, my purpose is to present this phase of human experience—the significance in the life of the child of attitudes of the individuals who represent his first social experiences. I am especially interested in presenting this point of view because I think those physicians, especially pediatrists, who come in most frequent contact with the problems of infancy can perceive these relationships most clearly. The tacit agreement among workers with children that parental attitudes are naturally important in influencing conduct is stated as an obvious fact and let go at that. I hope merely to stimulate the appreciation of this fact as a significant and tangible basis for the understanding of the infantile neuroses. Examples follow:

1. An overprotective mother with a scientific method; method as symptom of an attitude: The case of a laboratory trained mother who utilized methods of Watson in bringing up her child. She had so conditioned her child in regard to bladder movement that it withheld urination for some hours when on a visit to a relative, at one year of age, being able to move its bladder only while sitting

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on a specific seat in the home, and when led to the seat by the mother and by no one else.

The problem which she presented had to do with technical methods of training the child. Actually, the practical methods she employed were, of themselves, of little importance. Of real importance were her motives in selecting the methods she employed. She used the scientific "canons" in order to have a platform enabling her complete isolation with the child. Standing by her "scientific principles," she prevented her relatives from having any contact with the child. She manipulated the technic of bladder training so that the child would respond to her alone. When, on recommendation, she enrolled her child in a nursery school, she hovered around the building for the entire morning, unable to leave the neighborhood of the school during the first week's session.

She showed all the evidence of maternal overprotection. Behind the overprotective attitude there was revealed an assertive, dominating tendency. The overprotection was reenforced by marital incompatibility. The problem presented is a striking illustration of the folly of attempting to treat a child by a set of rules, by a change in surface management when the method of maternal handling is the result largely of attitudes having their formation in early life.

2. The second example concerns a child who was referred because of temper tantrums. The mother presented the usual account of a child's negativistic behavior. The child violated the usual rules of going to bed on time, getting to meals on time, and the like. The negativistic performances were limited entirely to the mother-daughter relationship. The mother said that her numerous punishments, which were rather drastic, for example, putting the child to bed on a slight infraction of household rules, had no effect. In fact, the child would nullify the punishment by whistling on her way to the bedroom.

Limitation of the method of treatment to various rules of procedure with the child, to persuading the mother that

her punishments were too frequent or too severe, to encouraging a more affectionate relationship between the two, to the use of methods of praise for the child, and the like, had all been tried with no effect. The reason for the failure of all such methods lay in the maternal attitude. A prolonged study of the mother revealed clearly that she had strongly rejected this child. Her insight of her feeling of hostility to the child was revealed in a number of her own manœuvers; for example, she persuaded her husband, in making his will, to prevent her control in the way of the child's inheritance because, she confessed, in a quarrel with the child she was sure she would disinherit her.

A large number of situations out of which temper tantrums were precipitated were unconsciously instigated by the mother in order that she could with justice punish the child. In the early interviews she demonstrated her rejection of the child. She told how girls at adolescence become very attractive to the father, at a time in which the mothers, now middle-aged, are in the discard. The father gives his favors also to the girl and the mother, for all her sacrifices, gets nothing. Numerous details in the investigation of the maternal rejection are of similar form. We find that in the hostility to the daughter there was revealed a powerful hostility against all males. A frank expression of hostility against the female role in the sexual act was heralded in the early interviews.

This case illustrates anew the folly of therapeutic efforts that are not directed at the study of the relationship as such. Of course there are instances in which children must be treated as individual problems apart from the study of family relationships. The point I wish especially to stress is that in many, most likely in the majority of the difficulties presented by the child in early life, the symptoms presented are in large part responses within human relationships, in which a member of the family other than the patient may play the predominating role.

3. The third example is that of a child referred because of enuresis. The child's bladder control was estab-

lished at the age of two. A few years later a regression to the enuresis took place. The difficulty followed very shortly after birth of the second child. The mother stated that there was absolutely no evidence of jealousy, that the patient played very nicely with the younger brother, in fact, helped in mothering it.

In this case, I demonstrated to the mother the child's reaction to the baby by play technic in the mother's presence. An "amputation" doll was used to represent the younger brother. A game was devised in which the child, the mother and the examiner took part. The "amputation" doll, made of parts that can be removed and readjusted into sockets, was dramatized into a play with the younger brother. The child immediately took the doll apart, threw the head and limbs away, and apparently thoroughly enjoyed the demolition of the younger brother. Within a short period the mother brought further evidence of the patient's jealousy of the younger child, recalling numerous instances following the baby's birth. A number of other regressive symptoms resulted from the sibling rivalry.

This is a further example of a problem, primarily of human relationship, treated typically in a symptomatic manner. The mother had already used starred charts and similar methods for the cure of the enuresis without effect. The problem became one, not primarily for the cure of enuresis but of adaptation to the intrafamily constellation.

I hope I have made clear how the psychic formation within the individual that determines his social adaptation represents in large part his response to early parental attitudes. Your psychiatrist, when he deals with the adult, sees these psychic formations as more or less crystallized structures. They are seen in the grown-up child as stamped-in, typical patterns, at which time there may be little point in dealing with the parents whose work, as far as the social attitudes of the patient are concerned, represents a finished job. The worker with children, especially, sees attitude formations in their embryonic stages; hence, the

ability to affect parental attitudes at this stage is tantamount to affecting the destiny of the individual inasfar as this destiny, in terms of social relationships, represents the child's response to the attitudes of the parents in the early years of life.

PSYCHONEUROSES IN CHILDREN*

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If viewed from the pediatrist's standpoint purely, one might better term the subject of this evening's discussion "The effect on children of psychoneuroses occurring in parents, nurses or other adults with whom they come in contact and by whom their lives are controlled."

In a recent article on "Why Parents Consult the Pediatrician," we read "Pediatrists are being bombarded constantly with instances of failure due to peculiarities in the personality of the parent." The clinic from which the material for this article was obtained, records almost twice as many problems due to, or exaggerated by, the adult personalities involved as those of a purely medical pediatric nature. They further found that next in frequency to the diagnosis of disease of tonsils and adenoids came that of "parental mismanagement."

Doubtless children do suffer from neuroses of all sorts. At least, they present symptom complexes which are termed psychoneuroses, behaviour problems, tics, habit spasms, etc. It is natural that the pediatrist should meet with these functional derangements. Most natural because he is dealing with an age in which growth is an important factor, predisposing to functional disharmonies.

Such children resemble a sensitive film receiving impressions thrown upon it more or less strongly according to the intensity or duration of exposure. The results are, more often, reflections of the errors of the adult companion than intrinsic to the child's bodily or temperamental constitution.

Pediatricians have been aware of this threat as long as their specialty has existed. Even when the subject was

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considered to concern itself mainly with infant feeding and nutritional disorders, the method of administration of food was considered as important as the diet itself.

It has always been believed that the child's health depends more on how than where he lives.

Such opinions as I hold on this subject have been gained not thru a study of the psychiatric evidence in the case, but thru routine contact with sick children in institutions or in their homes. From the former, the institutional contacts, less is learned of the importance of the behaviouristic problem. This is naturally so because the behaviour problem is reserved for home use, for use with the familiars, is rarely tried on the stranger and, if so, usually meets with indifference and fails. The child does not bring much of this to the institution, nor is he often brought there for it. The average hospital historian places small emphasis on it.

In the last 5500 admissions to the Babies Hospital, there are only 55 instances in which behaviour problems and neuroses of some sort appear as of major importance—an incidence of 1 per cent.

Similar analysis of 1100 patients in private practice has furnished 96 instances, or 9 per cent.

It must be emphasized that these, and the following figures, do not represent the number of children who have neuroses incidental to some other major disease, but rather the number in which this type of difficulty represented the chief complaint because of which the visit was made. It is probable that an equal number were overlooked in both groups.

The results are not of statistical value but do offer some information as to the type of psychiatric problem that has a place in pediatric practice.

It has been said, and is in general true, that the problems of the early years are much the same whether the nursery looks thru sunshine down on Central Park or

thru grime up to the elevated structure. It is interesting, therefore, to compare the findings in the two conditions.

As to sex, there are more boys than girls. In the whole group, 60 per cent are boys—5 per cent more in the hospital than in private. If the world is made for men the same must apply to boys—more liberty, more attention. It was a man for whom the fatted calf died and today girl babies fill the ghats of India. Who ever heard of the seventh daughter of a seventh daughter!

Age seems to be equally of no importance. It was expected that more children would have been below five than over; more when child life is individual and parenthood less experienced. However, the chance for error in management is about the same at all ages. There was no difference in the age incidence between the hospital and private group.

With reference to state of nutrition, 69 per cent of the combined groups showed normal body weight and good tissue tone. Of the hospital cases 13 per cent less than private patients. Apparently, then, good nutrition is no safeguard against neuroses. The two conditions, structural and functional, are not related; and the normal ratio between the expected nutritional status of the two groups seems to be maintained.

In the consideration of these three conditions intrinsic to the child—sex, age and nutrition—none seem to play an important part in predisposition or causation of neuroses. On the contrary, there appeared 167 instances of bad parental management, occurring three times as frequently in private as in the hospital patients. This was the largest group. Forty-two examples of somato-neuroses, or obvious organic inferiorities. Twice as many occurring in private as in the clinic. This was the smallest group.

Sub-division of the former group gave neurotic parents in 50 instances, occurring four times in private to once in the hospital; overcontrol in 23 instances—7 times as frequent in private as in hospital; neglect in 26 cases—5

times as frequently in private as in the hospital. Shock, referring mostly to tics, accounted for 13 cases appearing with equal frequency in both groups.

The evidence again emphasizes the infrequency of neuroses arising from causes intrinsic to the child and the frequency with which the blame is to be laid on environment.

The somato-neuroses were twice as frequent in private as in hospital. This may be explained by the more immediate attention and treatment given organic disturbances in the well-to-do family.

Mistakes in control seem to be much more common in the private than in the hospital group; overcontrol was assigned the chief causative role 7 times in private to once in hospital; neglect 5 in private, to once in hospital. Both extremes seem natural when we consider the delegation and complication of control that goes on in the well-to-do nursery, under professional rather than maternal direction. In the clinic child, there is concentration of authority, simplicity of method and no time for catering to budding peculiarities.

Pediatrics, like any other branch of medicine, has its art as well as its science. It is in the recognition and management of these behaviour problems thru the parent that the art has found its greatest opportunity. Doubtless some such problems, altho important in diagnosis and treatment, receive too little attention by the pediatrist for, strive as he may to be psychiatrically minded, he must admit his tendency to relegate to second place some phases of his work that would be given first importance by the psychiatrist himself.

Pediatric literature contains a good deal concerning our responsibility in the realm of psychiatry. Some of it is funny, some tragic. One incurs prejudice against the pediatric author who states that correct diet insures normal digestion, thus protecting parent and child from problems of behaviourism. This man is not psychiatrically

minded, nor does he think deeply either psychiatrically or pediatrically.

One becomes largely skeptical of the psychiatrist who claims that mother love, unless carefully censured and repressed, will and does destroy the child's later capacity to normal adjustment in business or domestic life.

We would avoid both extremes as well as any controversy as to which is the best museum piece—the psychiatrically minded pediatrist, or the pediatrically educable psychiatrist.

Brennerman would have it that the good pediatrist must of necessity become a psychiatrist from within out, because of the very nature of his work. He admits, on the other hand, that the psychiatrist may, by sustained effort, become a good pediatrist if he so desires. It is inevitable, therefore, with the pediatrist; optional with the psychiatrist. He modified the implication somewhat by allowing that always there is need for pediatrists and psychiatrists each better equipped with the other's special interest.

Weil, who has devoted more thought to behaviour problems in children than most pediatrists, maintains that juvenile behaviour is a naturally important part of pediatric practice because behaviour is the total reaction of the individual—the result of the impact of environment on inherited constitution. He believes that the attitude of the pediatrist calls for broad inquiry rather than the application of psycho-analytical methods to any single behaviour problem. This is particularly true in the problems of childhood because behaviour is to be considered good or bad according to circumstances which apply before as well as at the time of observation—previous training, family habits, etc.

The problem is a complicated one. The patient is never a single unit, bodily or intellectually. The rest of the patient must always be considered—that rest being nurse, parent, grandparent, maiden aunt or elder brother. We can never consider or manage the child alone. It is not

always easy to make parent or nurse understand what we would do, or to enlist their sympathetic cooperation even when our intentions are seemingly understood.

This is, of course, trite. It applies, nevertheless, in support of the idea that such problems are found most often as reflections in the child of adult errors in administration.

Three things seem obvious as regards the relative responsibility of pediatrist and psychiatrist:

1. A pediatrist, to be safe in his relations with his patients, must be psychiatrically minded. Only if so, can he do his part in breaking into the vicious circle of behaviouristic problems on the part of the child—psychoneuroses on the part of the parent and so on around.

2. Children, even in infancy, do show evidences of definite neuroses. They may be transient and leave no scars if handled properly, or they may lay the foundation for permanent temperamental imbalance if neglected or over emphasized. Our figures relating to outcome indicate a definite tendency to recovery. The group in which cooperation could not be obtained did nearly as well as another where intelligent backing from the family was possible. Both incidence and the percentage of cures were greater in private than in the hospital—47 per cent in the former, 30 per cent in the latter.

3. These behaviour problems of the child will not occur if parents are properly educated as to childhood control. It is the old question of the precedence to be accorded the chicken or egg. Should education come direct from psychiatrist to parent, or indirectly from pediatrist thru the child? The pediatrist, being first on the ground, has the opportunity to foresee, forewarn and so perhaps prevent the need of psychiatric advice. If unable to avoid the necessity he can at least see that assistance is early sought. There can be no excuse for failure to appreciate the future possibilities. If we must admit the theory of regression to the unconscious mind of infancy, then the responsibility seems placed on the pediatrist.

The young patient is yet incomplete as to coordination of functions, inexperienced, without judgment or selectivity; reflex action has to substitute for that instinct with which other species are so well armed at birth. For this reason, knowledge comes less easily with experience. Because he is structurally incomplete he is functionally unstable. He is likely to run off the track because of the very rapidity of his development during his early years. He is incapable of understanding advice or utilizing experience. He is, therefore, particularly susceptible to unfortunate conditioning of those reflexes upon which he depends for the maintenance of his contact with the world.

It is, nevertheless, true that the infant, incomplete as he is, becomes early and delicately receptive to all sorts of stimuli from his environment.

He very early responds to disharmonies of temperament and requires protection from physical as well as constitutional injury. No physician can practice long among children without recognizing the difference in temperament seen so frequently in the infant of a happy and one of an unhappy family. This is something much too subtle to be explained by the mere strangeness accompanying a change in nurses. It is often the expression of the kind of welcome that awaited the baby's arrival, and the continued effect on him of the temperamental state of mother or nurse no matter how good the physical care.

The tired, harassed mother and irritable nurse are usually found with an unhappy, fretting baby. Institutional care produces one type of infant, motherly love another.

Taken chronologically, the conditions which the pediatrist is likely to meet are, first, those of early infancy. At this age, the behaviouristic problem is likely to relate to the ingestion and elimination of food. Rumination may appear; thumb, finger, lip or tongue sucking are very likely to manifest themselves. They illustrate what my psychiatric friend might call a conditioned response to a normal stimulus—an aberrant reflex due to a substi-

tution of artificial feeding for the normal stimulus of the lactating breast, or perhaps a confusion of the normal feeding reflexes thru unnecessary care of the mouth or the inexcusable exhibition of the pacifier.

In a state of nature, the normal baby would be fed from the breast irregularly but adequately—that is, when hungry and when opportunity arises. This is adequate and natural. Today, on the other hand, he must fit a schedule determining both quantity, quality of food and duration and intervals of meals.

Artificial feeding may be nutritionally adequate but still fall far short of satisfying the other requirement of the recipient and does naturally, therefore, explain many of these unfortunately conditioned reflexes occurring in the early months.

In the second phase, the child begins to possess capacity for coordinated motion and under normal conditions would be allowed freedom to explore such new possibilities as his increasing functional capacity has brought to him.

Under our present methods of life, this child must conform to constant restraint and so again continued reactions occur dependent less upon the child's physical or temperamental makeup, and more upon restraint which becomes unwelcome if unwisely applied. Here occurs the great opportunity for faulty management and behaviouristic difficulties are the natural result. Phobias follow upon unfortunate suggestion; hunger strikes, meal time nagging. Voluntary vomiting attracts the spot light. The thousand and one methods come into play by which children, at first subconsciously and later quite intentionally, arm themselves in the contest with olympic control.

Many types of behaviouristic disharmonies were encountered in the children studied. In the phobias, were included night terrors, fear of dark, of being left alone, sickness, apprehension, inadequacy and lack of capacity to mix. These characteristics appeared in about one half of

the cases, one in hospital to three in private. Food refusal including selective and slow eaters occurred also in one half the children and in about the same proportion in each group, 48 per cent. Vomiting, both habitual and voluntary, was the chief complaint in one-third the total and again in the same proportion in both classes, 24 per cent.

Under general obstructiveness was included disobedience, tantrums, spinal cord control or absence of purposeful conscious action, suspicion, refusal to sleep and petty jealousies. Practically all the children were of this type in connection with one or more other troubles.

Of bodily tics, facial or extremity spasms, sleep walking, bowel suppression and destructiveness, theft, lying, masturbation, holding of food in cheek and rumination, there were 30 per cent of the combined group, 2½ in the hospital to 1 in private.

Of these five groups, three—food refusal, vomiting and general misbehaviour—appeared with equal frequency in both classes.

Of the remaining two, tics were 2½ times as frequent in the hospital and phobias dominated to an equal extent in private.

There was more uniformity in the neuroses produced than in the causative factors.

Among these children no excuse was found for belief in Freud's theory of genitalization of the body nor was there evidence of regression to the unconscious infant mind for etiological factors of a sexual sort.

Inheritance alone or environment alone may be responsible for a number of high-strung, difficult children. Both play their part in causation but of them environment only is amenable to control and correction.

Neuropathic tendencies in the child are undoubtedly inherited and have their influence on his reaction to en-

vironment. It is, however, no proof that heritage is paramount because of the fact that of two children subjected to the same home influence, training and opportunity one may be neuropathic and one not. No two children even in the same family do meet exactly the same environment. There can be only one first, or only child, and few modern homes provide just the same atmosphere year after year. Nor is the same heritage passed down to each child.

The theory of biologic origin finds examples in the group studied. Many instances of the struggle to escape facts occur and altho organic inferiority may pave the way for a number of childhood neuroses, undue emphasis placed on the symptoms is more frequently directly responsible.

Except for the neuroses occurring in connection with establishment of maturity there is nothing to suggest the internal glandular system as an important factor.

Evidence of unbalance in the vegetative system is common to childhood and is naturally exaggerated in the presence of neuroses. It seems more to be an accompaniment than a cause.

The first figures directly bearing on environment were surprising. In the combined groups were found only 63 per cent of only, or first-born, children. A larger proportion than this would naturally be expected. More instances were found in the hospital group. These percentages tally with the thought that the first child gets more and inexperienced attention, but why the discrepancy in favor of the hospital group, 16 per cent greater than the private group?

Perhaps the answer lies in the fact that the former get maternal care only, the latter professional care by trained nurse and nursery maid. One is a trial baby purely, the other profits by the experience of those in charge. Emphasis seems to fall on environment in this case. So far the evidence is indicative more of inexperience and apprehension on the part of the parent than on any other particular quality inherent in the child.

Finally, as I am asked to speak for my own specialty, may I state what I think the attitude of the pediatrist should be toward these behaviour problems.

In general, he must not, in his anxiety to impress the parent, overdo the matter and so produce fear and discouragement rather than a confident and hopeful relation with the child.

Extremes of control fail with children. Overcare, overanxiety will produce the same results as neglect. Rough handling and talk to, or in the presence of the child, will produce the same results as spoiling and too careful avoidance of controversy. Perhaps the most common cause for these behaviouristic failures in children is the inability of the parent to apply properly balanced scientific neglect where necessary, and the necessity is ever present.

Nothing so directly affects the child's environment as the suitability of methods used in his control and the wisdom of their application. Discipline may be so administered as to seem natural and be easy of compliance, or it may engender antagonism. To have reasonably uniform response, all discipline must be intermittent. If too constantly applied it loses force.

A great deal of energy can be conserved if the infant's right to do the unexpected occasionally is admitted. The action itself is less likely to be repeated if little or no attention is paid to it. Constant negation in the parent engenders obstinacy and unruliness in the child.

Noisy objection by word of mouth is not always understood, and usually results in frank rebellion or sullenness. A quiet act bears repetition, is therefore ultimately understood and is more impressive than many words.

The child who is forced to listen to frequent scoldings becomes increasingly difficult, either because of his own increased irritability, or his satisfaction in his ability to create a scene in which he is the leading actor. What is said to him passes in and out doing little more than amuse or distract him en route.

Ambition to excel and attract the attention of our peers is natural to all of us. Our methods are sometimes faulty, as in the case of the physician who insists on writing papers on subjects of which he knows less than his readers; or of the anti-social racketeer who replaces law and order by gang control—common objectives differing only in the environmental opportunity of the individual concerned.

We should recognize the same tendencies on the part of the child. He, too, will accept any method which seems likely to bring to him the prominence and attention which he normally desires. Thus are induced behaviouristic errors of all sorts because they promptly attract attention. It may be in his method of taking food. It may be in his refusal to comply with the usual requirements as to the elimination of body waste. It may be in general obstructiveness. It may be in phobias, pretended night terrors, or in wetting to gain the attention by night that he normally has by day.

If these bids for attention are responded to too quickly, then of course the habit is as quickly established and new methods devised for the maintenance of the attention aroused.

If, on the other hand, no audience is found, the joy of performance is removed. Scientific neglect, wisely applied, has its part in the management of every neurosis presented by the child.

I would include in the same category, as of equal importance, and approachable by much the same methods, all such tics or habit spasms as rumination, holding food in the mouth, selectivity in eating, food refusal, thumb sucking, muscle twitching, nail biting, rocking, breath holding and even masturbation.

They are all initiated by some local irritation or discomfort—pharyngeal obstruction, inflamed gums, hunger, indigestion, tight clothing, hang nails, or dermatoses of varying origin.

They are all aggravated by over-correction or restraint and soon pass from an intentional to a subconscious act. They are all amenable to simple explanation and do not need Freudian analysis for their clarification.

I would group in the same way all the temperamental disharmonies—negativisms, jealousies, sleeplessness, phobias, fretting, tantrums as initiated by fright or shock and continued by bad management.

I would decry routine or empirical operations on prepuce or labia, or such methods of control as must have induced a remark once made by a boy of seven to his playmates, one of whom had committed some infringement of the rules. He said "Now let's hit him and make him good."

Richardson has classified children into two general groups, the motor and the sensory type. According to which group the child belongs will depend the type of management best adapted to his needs.

For the motor or spinal type, or the sensory or hypersensitive sort, the same plea is made to home and school by the pediatrist for a reduction in the daily demands made upon the child during his growing years—for time before school to eat slowly, and unhurriedly to prepare for the day; for time at noon to complete digestion before activities begin; for provision for that most important hour of the day, the one in which nothing is done; for minimizing extra appointments such as music, dancing, drill and homework, in order that the schedule may not be full from morning until night.

The unacademic explanation for the neuroses of New York children may well be summed up as over-stimulation—by noise, competition, parental anxiety, apprehension or ambition, by standardization of school and exercise, by complicated amusements—in short by the lack of that thing most necessary to unmyelinized youth—quiet.

CERTAIN PEDIATRIC DOUBTS ABOUT MODERN PSYCHIATRY*

BRONSON CROTHERS
Boston

Pediatricians in general have had no training in formal psychiatry and pay relatively little attention to those who urge them to acquire a knowledge of this complicated subject. Clearly this ignoring of psychiatry is unfortunate. Psychiatry instead of being one of the accepted and essential parts of medical knowledge has been more or less isolated. The reports of most of the organized clinics for child guidance, or the like, include a table showing the referring individual or organization. As a rule only a few in each hundred are referred from doctors or hospitals. Apparently the aims and the results of the specialized clinic are better understood by teachers, social workers and parents than by doctors in general. In occasional cases a psychiatric unit in a general medical centre receives most of its cases through medical channels but certainly such a situation is exceptional.

It seems clear to me that one of the most urgent problems facing the pediatrician today is that of intelligent team play. The child guidance movement, chaotic as it is, ought to be studied by pediatricians. Unless doctors in general cooperate they will find that parents and teachers are looking to them in case of physical disorders and to another group for advice on "emotional" disturbances. This arrangement will throw upon parents and teachers the most difficult diagnostic points in all medicine for they will have to decide whether any given group of symptoms is the result of structural disease or of functional disturbance.

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*Delivered before The New York Academy of Medicine, April 7, 1932.

Two major changes of point of view seem to me necessary. First, the medical profession, in general ought to realize that psychiatrists, as they now practice are interested in people, especially children, neither feeble minded nor insane, who are making less of life than they should. Furthermore the rest of us ought to help the psychiatrist to keep upon good terms with us. Quite clearly it is a serious matter, for us, that psychiatrists in general do not associate with pediatricians. An attitude of sustained interest in psychiatry might attract attention.

The other side of the question concerns the attitude of psychiatrists. If they seriously want doctors at large to work with them they must, I believe, do various rather difficult things. In the first place they must be prepared to control propaganda or else disown it. As things are now it is impossible to find out exactly what psychiatrists, as a group, want to do.

Then I believe that there must be a body of fact and opinion in any medical division which is peculiarly adapted to men with medical training. As far as I can see this particular field is not defined by psychiatrists. Doctors, social workers, parents and teachers are given pretty much the same dilutions of psychiatric information. Certainly various non-medical people are carrying on enterprises almost identical with child guidance clinics, as far as the non-psychiatric observer can tell.

If psychiatrists can present a clear program, generally accepted by a majority of their group, can show doctors in general how they can fit in and can supply them with an introduction that is definite, I believe that cooperation can be obtained.

If the subject is not crystallized sufficiently for definite formulas to be given, I believe that doctors in general ought to find ways to utilize the assets disclosed by psychiatrists, psychologists and teachers. The search among obvious treasures will lead different men to different goals, but out of it all may come contributions of value.

The only thoroughly pernicious attitude is one of contemptuous indifference to the whole subject. I can easily imagine that the next advances in the child guidance field may come from pediatricians, but they will not come without effort and probably they will not come from men who ignore the work of psychiatrists and psychologists.

THE SIGNIFICANCE AND VALUE OF THE LANGE GOLDSOL REACTION IN DISSEMINATED SCLEROSIS*

HELEN J. ROGERS
New York

(ABSTRACT)

Recent reports from London of a possible etiological factor for multiple sclerosis having been found, and a tentative therapy based thereon suggested the following study to ascertain the present status of the laboratory findings in relation to clinical course.

Seventy clinically proven multiple sclerosis cases were studied over a period of nine months under Dr. Wilson's supervision. These were routine admissions to Dr. Kinnier Wilson's clinic.

Previous workers from 1912 to 1930 had been unanimous in their conclusions and were confirmed by sufficient autopsy material to admit of no doubt of their conclusions.

In 1930, however, a group of workers under Sir James Purves-Stewart, reporting on a new method of therapy, suggest that its success is indicated by disappearance of the spinal fluid changes. They claim that all their cases show initial alterations in the fluid, and that these disappear or tend to disappear following specific therapy.

Our conclusions are as follows:

I. Of 70 cases we find 25 per cent show completely normal Lange colloidal goldsol curves; 25 per cent show paretic curves, and 50 per cent show almost every possible intermediary curve between the normal and paretic zones.

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*From the clinic of Dr. S. A. Kinnier Wilson, National Hospital, Queens Square, London. This thesis was written in accordance with the requirements of the recipient of the Alexander Cochran Bowen Scholarship. The Scholarship was awarded Dr. Rogers in 1930.

Published in full in *The Journal of Neurology and Psychopathology*, London.

II. We find no definite parallel between the clinical course and the spinal fluid findings. Often a normal curve occurs in an acute case as well as a strong curve in an old stationary case, and vice versa.

III. We find that the fluid alters both spontaneously and following treatment of all kinds—with or without a corresponding clinical modification.

IV. Our results confirm the conclusions of all those from 1912 to 1930 who have worked with a large number of cases.

With the exception of the recent reports of 1930 the consensus of opinion seems to be that the Lange goldsol test, while of distinct interest, is not sufficiently definite to be used as an indication of the success of therapy.

In a disease that has spontaneous remissions we must be very guarded as to the value of any therapy, and if we wish to use the goldsol test to help in gauging the results of treatment we must first establish what the normal curve is in any case of disseminated sclerosis.

Up to the present we feel that no one has shown that any real value can be placed on colloidal gold curves in disseminated cases.

We have noted that 25 per cent of all cases in any stage of the disease show perfectly normal gold curves. We have also noted that the curve is liable to change with or without treatment, and we have the results of autopsied cases to verify these statements.

If the Lange curve is ever to be used in disseminated sclerosis as a basis or guide for therapy we feel that sufficient research should first be conducted to find out what constitutes the exact normal for a case of disseminated sclerosis. We would suggest that each case must be studied over a period of years through the various stages of remission and exacerbation; that the patient should be submitted to lumbar punctures at regular intervals in the acute

and chronic stages; that one series of cases should remain untreated, and a second series be treated with the usual arsenical preparations and a third with a more specific therapy if there be one. Then we will have a sufficiently large series of cases properly controlled and studied through the periods of remission and exacerbation to judge if the Lange test is to prove of value in the study of the disease. The largest series of cases ever studied in the twenty years since this test has been used is Muller's (100 cases), and when we compare this with the thousands of cases of syphilis published with coincident Lange curves, we realize that the value of the test in disseminated sclerosis still remains to be proved.

REPORT ON HOUSING

Committee on Public Health Relations

There exists in this country a continuous tendency toward housing congestion, with all of its attendant dangers. In 1921 only 24.4 per cent of the people living in 257 American cities were housed in apartment houses; in 1928, homes for 388,678 families were provided in new buildings in these cities, and 53.7 per cent of these were in apartment houses.

The problem of the housing of the masses presents hygienic as well as economic aspects. In 1929, the municipality of Paris, in deference to the same principle, added hygienists to its City Planning Commission, which had previously been composed of architects and lay officials. At the President's Conference on Home Building, held in Washington in 1931, Professor Rosenau made a report on Housing and Health, to which were appended notes on the "Relation of Housing and Health" by Dr. Haven Emerson.

The Committee's cooperation has been requested by various civic organizations interested in the establishment and maintenance of housing standards consistent with health. Conferences have been held with spokesmen for the State Housing Board, the Regional Plan Committee, the Housing Committee of the United Neighborhood Houses, and the Housing Association of New York, at which the defense of sound regulations already in existence as well as future legislative proposals were discussed from the medical standpoint.

Such important bodies as the Medical Research Council of England, the United States Children's Bureau, and the Committee on Regional Plan of New York and its Environs have occupied themselves with the investigation of the housing and health problem from various angles. The literature on the subject is extensive. The Director of the National Housing Association supplied a comprehensive list of references of interest and value.

The Regional Plan Committee of New York sought to lay secure foundations for its housing recommendations by the citation of medical authority in proof that the absence of sunlight was an important factor in the causation of rickets, that sunshine is the most active known stimulant for the enhancement of bodily resistance to tuberculosis, that sunlight is an effective general bactericidal agent, and that even daylight acts in the same way though at a much slower rate; and that if sunlight is permitted to approach and to warm one or two sides of a building it favors desirable ventilation by inducing a gentle circulation of air by reason of the difference in local temperature which it creates.

Dr. Emerson calls attention in his report to the common failure of writers upon housing and health to recognize the limitations of the statistical method when applied to the questions at issue, and to errors of argument and reasoning which are due to the lack of control of conditions necessary for a basis of comparisons; "only when the race, age, sex, occupational, economic, and intelligence or adaptability level of population groups are taken into consideration, can valid conclusions be drawn from the almost universal experience that where housing is of a poor quality in a constructional, spatial or sanitary sense, high death rates, high disease incidence, and poor child development, prevail."

Reports purport to show that the health averages of entire neighborhood populations have been lifted through housing projects in London which began with the abolition of unwholesome slums and ended with the replacement of the inhabitants of the slums on the land which they had previously occupied, in sanitary tenement blocks erected by the local government authority. In these cases morbidity reports for definite population groups cover periods before and after housing treatment.

An attempt by the Medical Research Council of England to correlate social conditions (including poverty and the

domiciliary conditions with which poverty is associated) with acute rheumatism was inconclusive with respect to the significance, in this particular disease, of basement and ground floor locations, congestion, ventilation or lighting. From a study of housing conditions in relation to the incidence and fatality of measles, however, the interesting conclusion was reached that while among crowded tenement quarters, housing a working class population, measles is essentially a disease of children under school age, in working class and middle class families who live in houses of the single entry type the disease is predominantly one of children of ages five to ten and that in country districts also the disease tends to be one of school children of ages five to ten. In the language of the report, "certain types of tenement buildings may contribute to a high death rate for measles by exposing to infection a larger number of people at the earlier years than is the case in an area where the cottage type of house predominates."

"In the categories of communicable and infectious disease, and nutrition or growth and development, there is much circumstantial evidence and some quite suggestive correlation of a statistical nature to the effect that there are limits of crowding in room, house, lot, and block beyond which people of low economic levels, of mediocre intelligence, cannot be permitted to occupy houses or apartments."—(Haven Emerson).

A study by the Scottish Board of Health of maternal mortality in Aberdeen, over a period of ten years, failed to reveal any definite relationship between environmental conditions and puerperal mortality; in this study cleanliness of house, size of house, crowdedness of individual houses and congested areas were separately considered and no significant association of any of them with puerperal mortality was ascertained. On the other hand Dr. Emerson quotes studies by the Children's Bureau, by Newsholme in England, and by Walker in Detroit as consistently showing "a close correlation between loss of life from childbirth and in the first year of infant life and the

number of persons per room in tenement housing and particularly with the number sleeping in the same room with the infant . . . it is the use more than the construction arrangement and equipment of buildings that determines their harmful influence on life. Regardless of race stock, the more persons there are per room, and the more families there are per dwelling, i.e., the greater the block, lot, and room crowding the higher the infant mortality rate."

The director of the nursing bureau of the New York City Department of Health in a discussion of the effects of present economic conditions recently said that "there seems to have been little or no increase in illness as a result of economic conditions. However, every nurse who visits homes affected returns with a report of extreme nervousness and worry on the part of all members of families so affected.—One of the greatest causes of this nervousness, we find, has been the crowding of large families together under one roof."

The Committee is not at present in a position to undertake the original investigation of problems relating to housing, which include questions in biology, physiology, neurology and mental hygiene, as well as several phases of social economics. The Committee, however, believes that it is incumbent on the medical profession to take an active part in shaping protective housing legislation. In order to perform this duty in an intelligent and effectual manner the profession must familiarize itself with a great body of recorded observation and keep in touch with current experimentation on the following subjects:

A. The relation of light to health
    1. animal experimentation
    2. human experience
        a. domestic
        b. clinical

B. The relation of air space and ventilation to health
    1. lowered resistance to disease (loss of immunity)

C. The influence of types of housing and of house and room crowding on the spread of communicable disease
   1. theoretical considerations
   2. field findings in various diseases, individually considered

D. The influence of crowded housing on nervous and mental health
   1. noise and repose

E. The essential sanitary equipment of dwelling places
   1. water supply
   2. sewage
   3. disposal of wastes
   4. preservation of food
   5. cleanliness

F. Economic conditions that affect housing standards in a manner prejudicial to health
   1. wage standards and periodic unemployment
   2. rents as affected by
      a. methods of construction
      b. methods of financing

G. Progress in housing reform
   1. building laws affecting safety
   2. zoning laws
   3. sanitary regulations
   4. slum clearance projects
   5. model housing projects (city, surburban, and rural types)
      a. producing normal return on capital (business basis)
      b. producing *less than* normal return (philanthropic)
   6. state aid and participation
      a. tax exemption
      b. municipal construction

The range of these studies is such that if means were available the Committee could easily utilize to advantage the services of an additional staff; lacking such assistance the activities of the Committee, if continued, must necessarily be limited, but the Committee hopes nevertheless to be able to collaborate helpfully with responsible civic organizations which, while relatively inactive at the moment, are likely to renew their activities on an increasing scale when general business conditions improve; such

organizations, according to their own testimony, will always be in need of medical guidance and support. There is no doubt, however, that the present tenement house law of New York State should be amended in at least two particulars:

1. to eliminate the community toilets in tenements and provide a separate toilet for each family. The present provision permits conditions which are not in the best interest of public health.

2. to eliminate the existence of "railroad" tenements by which rooms are permitted as living quarters whose sole connections are with rooms having an outside window. This leads to overcrowding, darkness and breathing of vitiated air.

The establishment of a Housing Section by the American Public Health Association would no doubt intensify the interest of public health officials in the housing problem, and the creation of such a section has been suggested to the President of that organization.

Approved for publication by the Council of the Academy of Medicine on January 27, 1932.

REPORT OF MUSEUM COMMITTEE

At a meeting of the Council of the Academy held on February 24, 1932, the recommendation of the Committee on Museum that the Academy establish a medical museum, was approved. This is a very important and far-reaching step and will require considerable thought and planning on the part of the Museum Committee. There are a number of questions which should be given consideration in regard to the plan and scope of the proposed museum, its educational usefulness, and how it may be established and developed.

A medical museum, in the broadest sense, might be one of four types, or it might combine any two or more of these types: Anthropology, Public Health and Hygiene, History of Medicine and Modern Medicine.

Anthropology

The American Museum of Natural History includes in its collections a certain number of exhibits of different races of mankind, showing their characteristics, habits and environment. It also has maintained exhibits of bacteria. It is concerned essentially with the exhibition of different races of mankind and the development of the human species, whereas the proposed museum should deal with man's environment and its influence upon his life. In the modern sense the complete story of man's environment would naturally include certain aspects of housing, industry, agriculture, habits of living, diet, hygiene, and public health.

Hygiene and Public Health

The development of a Museum of Hygiene and Public Health should include an exhibition which will emphasize all facts and procedures utilized in the maintenance of the public health. This would include water supply and purification, milk supply, pasteurization and delivery, sewage disposal, the various measures undertaken to prevent communicable diseases, hospitalization, sanatoria, personal hygiene, habits of living, foods and diets, health appliances, and so on.

History of Medicine

A museum exhibiting the story of the history of medicine would be primarily of interest to physicians, of less interest to the laity, and would at first have but little direct value for them. It could serve to emphasize the advances in medical knowledge upon which the exhibits in other departments of the museum are based. Even though of greater interest to physicians the historical exhibits could be made useful to the public by interrelating them in this manner with the material in other departments.

Modern Medicine

A museum of modern medicine would include the whole range of medical activity, anatomy, physiology, surgery, pathology and all the other special fields of medicine, and be designed primarily for the education of the public. Like the Museum of Natural History its ability to serve the public is not incompatible with the maintenance of a scientific collection of great value to medicine. It should also be utilized for the education of medical students and physicians and should be a live organization with an intelligent, well-trained staff.

Functions Common to all Museums

The successful museum should not only be interesting but of important educational value for the public, and have an influence on the lives of the people who make use of it. A museum would require lecture halls, machinery for publicity and propaganda, work rooms, display halls and a well-trained educational and technical staff.

The Part Played by the Academy

It would seem obvious that the question of creating a museum of anthropology must be relegated to the distant future after other departments have been established. A museum of hygiene and public health would require ultimately a large tract of ground, fully as large as a city block and its ultimate cost would run up to many millions.

It is therefore impractical for the Academy to contemplate such a venture at the present time in spite of its undeniable value to the public.

With the limitations of space that will be available in the new addition and also the improbability of being able to secure funds for operation, it would seem wise for the Academy to limit itself at the present time to the utilization of its present material on the history of medicine in New York and to develop plans for the organization of a modern Medical Museum as opportunity offers. The development of such a Medical Museum will require ultimately more land and more money than is now required for the maintenance of the Academy. If and when that time arrives, the question may be raised as to whether such a Medical Museum should be maintained by the Academy, or whether like the Museums of Natural History and of Art and the Botanical and Zoological Gardens, it should be maintained by an independent organization and administered by its own Board of Trustees. Some steps should be taken at the present time so that the establishment of a Medical Museum in New York need not be postponed indefinitely. It seems entirely proper for the Academy to make a beginning in the modest manner which has been proposed, meanwhile maintaining an open mind as to where future development may lead.

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London, Routledge, 1932, 374 p.

DEATHS OF FELLOWS OF THE ACADEMY

SAMUEL WYLLIS BANDLER, M.D., 39 West 85 Street, New York City; graduated in medicine from the College of Physicians and Surgeons, New York City, in 1894; elected a Fellow of the Academy November 7, 1901; died, July 31, 1932. Dr. Bandler was a Fellow of the American Medical Association, a Fellow of the American College of Surgeons, a member of the County and State Medical Societies, a member of the American Obstetrical Society, a member of the Association of Obstetrics, Gynecology and Abdominal Surgery, and Consulting Gynecologist to the Post-Graduate Hospital.

GRAHAM LUSK, Ph.D., 1030 Fifth Avenue, New York City; graduated from Columbia School of Science, University of Munich, and Yale University in chemistry; elected an Associate Fellow of the Academy May 19, 1904; died, July 18, 1932. Dr. Lusk became a member of the faculty of Cornell Medical School in 1891 and was professor of Physiology from 1909 to the time of his death. He was Scientific Director of the Russell Sage Institute of Pathology. He was a member of many National and International societies and received honorary degrees from Columbia, Yale, Munich, Glasgow and Edinburgh.

JOSEPH FREDERICK TERRIBERRY, M.D., 120 West 73 Street, New York City; graduated in medicine from Bellevue Hospital Medical College, New York City, in 1880; elected a Fellow of the Academy April 1, 1897; died July 28, 1932. Dr. Terriberry was a member of the Neurological Society, and a member of the Alumni Association of City Hospital.

OFFICERS OF SECTIONS AND AFFILIATED SOCIETIES, 1932-33

Dermatology and Syphilology, 1st Tuesday

Chairman	*Secretary*
A. Benson Cannon	Louis Chargin
371 Park Avenue	1 West 85 Street

Surgery, 1st Friday

William Barclay Parsons, Jr.	Ralph Colp
180 Ft. Washington Avenue	111 East 88 Street
	(appointed pro tem)

Neurology and Psychiatry, 2nd Tuesday

Byron Stookey	Clarence P. Oberndorf
151 East 83 Street	112 West 59 Street

Historical and Cultural Medicine

2nd Wednesday of November, January, March and May

C. N. B. Camac	Howard Reid Craig
76 East 56 Street	175 East 79 Street

Pediatrics, 2nd Thursday

John Caffey	Harry Bakwin
Bard Hall, Haven Avenue	132 East 71 Street

Ophthalmology, 3rd Monday

Mark J. Schoenberg	Algernon B. Reese
1160 Park Avenue	73 East 71 Street

Medicine, 3rd Tuesday

Robert F. Loeb	Henry J. Spencer
Presbyterian Hospital	24 West 10 Street

Genito-Urinary Surgery, 3rd Wednesday

George F. Hoch	C. Travers Stepita
115 East 61 Street	2 East 54 Street

Otolaryngology, 3rd Wednesday

Charles J. Imperatori	David H. Jones
108 East 38 Street	140 East 54 Street

Orthopedic Surgery, 3rd Friday

Mather Cleveland	Paul C. Colonna
115 East 61 Street	59 East 54 Street

Obstetrics and Gynecology, 4th Tuesday

Francis W. Sovak	Frederick C. Freed
117 East 72 Street	59 East 54 Street

The New York Roentgen Society, 3rd Monday

President	*Secretary*
J. Bennett Edwards	C. Wadsworth Schwartz
144 Woodridge Pl., Leonia, N. J.	33 East 68 Street

Society for Experimental Biology and Medicine, 3rd Wednesday

Dayton J. Edwards	A. J. Goldford
First Avenue and 28 Street	Convent Avenue and 139 Street

Harvey Society, 3rd Thursday

Alfred F. Hess	Edgar Stillman
16 West 86 Street	22 East 69 Street

New York Pathological Society, 4th Thursday

Paul Klemperer	Maurice N. Richter
378 Central Park West	630 West 168 Street

OFFICERS OF SECTIONS, 1931-32

DERMATOLOGY AND SYPHILOLOGY, 1st Tuesday

Chairman	*Secretary*
Joseph J. Eller	Leo Spiegel
100 West 59 Street	241 West 100 Street

SURGERY, 1st Friday

Robert H. Kennedy	William Barclay Parsons, Jr.
115 East 61 Street	180 Ft. Washington Avenue

NEUROLOGY AND PSYCHIATRY, 2nd Tuesday

Joseph H. Globus	Byron Stookey
1185 Park Avenue	151 East 83 Street

HISTORICAL AND CULTURAL MEDICINE, 2nd Wednesday of November, January, March and May

C. N. B. Camac	Howard Reid Craig
76 East 56 Street	175 East 79 Street

PEDIATRICS, 2nd Thursday

Herbert B. Wilcox	John Caffey
39 East 75 Street	Bard Hall, Haven Avenue

OPHTHALMOLOGY, 3rd Monday

Mark J. Schoenberg	Algernon B. Reese
1160 Park Avenue	73 East 71 Street

MEDICINE, 3rd Tuesday

Harold E. B. Pardee	Robert F. Loeb
160 East 64 Street	620 West 168 Street

GENITO-URINARY SURGERY, 3rd Wednesday

Meredith F. Campbell	George F. Hoch
140 East 54 Street	115 East 61 Street

OTO-LARYNGOLOGY, 3rd Wednesday

Charles J. Imperatori	Marvin F. Jones
108 East 38 Street	121 East 60 Street

ORTHOPEDIC SURGERY, 3rd Friday

Isadore Zadek	Mather Cleveland
1095 Park Avenue	115 East 61 Street

OBSTETRICS AND GYNECOLOGY, 4th Tuesday

Gerard L. Moench	Frank Sovak
30 East 58 Street	117 East 72 Street

1932

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